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OFFICIAL

TO:

Name: Examiner Christopher L. Chin

Title: Examiner

Company: USPTO

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Date: 29-NOV-01

Total Sheets (including this sheet): 8

Re: Amendment

Docket No.: IB-1330D

Serial No. 09/865,130

Dear Examiner Chin:

Per our conversation, transmitted herewith is a copy of an amendment which was mailed to Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington D.C. 20231, on October 22, 2001, for the above captioned patent application. Also transmitted herewith are copies of the postcard receipt and mailing envelope.

Respectfully Submitted,

John P. Taylor
Patent Attorney
Reg. No. 22,369

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AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO. IB-1330D	
SERIAL NO. 09/865,130	FILING DATE May 24, 2001	EXAMINER Unknown		GROUP ART UNIT 1641
INVENTION ORGANO LUMINESCENT SEMICONDUCTOR NANOCRYSTAL PROBES FOR BIOLOGICAL APPLICATIONS AND PROCESS FOR MAKING AND USING SUCH PROBES				

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

☒ Small entry status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.

☐ A copy of the verified statement which established small entry status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

(1)		(2)		(3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	27	MINUS	27		0	x \$ 9 =	\$ 0	OR	x \$ 18 =	\$
INDEP.	1	MINUS	3		0	x \$ 42 =	\$ 0	OR	x \$ 84 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$140 =	\$ 0	OR	+ \$280 =	\$
						TOTAL ADDIT. FEE	\$ 0	OR	TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" in THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-0092. A Duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

October 22, 2001
(Date)

John P. Taylor
(Signature)